		PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 CLAIMS AS FILED - PART I												
						WALL ENTITY			OTHER THAN					
	I	TOTAL CLAIN	TCOIU	(Column 1)		(Column 2)		TYPE		OF	SMALL	———		
	1	FOR		MIND	ER FILED	NUM	BER EXTRA	1	RATE BASIC FE	FEE 150.00	\exists	RATE	FEE	
	11-		EABLE CLAIMS			NUM	BEREXIKA	_	ļ 	+	OF	BASIC FE	E 300.00	
	止	IDEPENDENT		12	minus 20=	•			X\$ 25=	ļ	OF	X\$50=		
	11-	MULTIPLE DEPENDENT CLAIM PR			RESENT				X100=		OR	X200=		
	-				+180=		OR	+360=						
4		* If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL		OR	TOTAL		
Schols	_		(Column 3)		SMALL	ENTITY	OR	OTHER						
Shaw	AENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Show	Š	Total	. 23	Minus	-26) ·	•		X\$ 25=		OR	X\$50=		
	AM	Independent FIRST PRES	SENTATION OF MI	Minus	EPENDENT	CLAIM	- T		X100=		OR	X200=		
	-					<u>, , , , , , , , , , , , , , , , , , , </u>		7	+180=		OR	+360=		
				•				L A	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
	_	γ	(Column 1)	,	(Colum		(Column 3)	_						
	AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	NON	Total		Minus	•• ,		=	Γ.	X\$ 25=		OR	X\$50=		
	AME	Independent	<u> </u>	Minus	***	,	-		X100=		OR	X200=		
	<u> </u>	rinsi Phesi	ENTATION OF MU	LIPLE DE	PENDENT	LAIM			+180=		OR	+360=		
								L	TOTAL			TOTAL		
			(Column 1)		. (Column		(Column 3)	AU	DIT. FEE L		A	DDIT. FEE		
	ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	Γ		ADDI- IONAL		RATE	ADDI- TIONAL	
	₩	Total		Minus	**		=	X	\$ 25=	FEE	$_{\alpha}$	X\$50=	FEE	
	3 1	Independent	l	Minus	***	I	=	\vdash	(100=		~ }-	X200=		
		FIRST PRESE	NTATION OF MUL	TIPLE DE	PENDENT C	LAIM		-						
	• H	the entry in colu	mn 1 is less than the	entry in cont	ımn 2. write 10	'in coka	inn 3.		180=		OR L	+360=		
	H	the "Highest Nu: "the "Highest Nu	mber Previously Paid mber Previously Paid	l For' IN THI I For' IN THI	S SPACE is le	ss than	20, enter "20." 3. enter "3."		TOTAL DIT. FEE			TOTAL ODIT. FEE		
	Ť	he "Highest Nun	nber Previously Paid	For* (Total o	r Independent)	is the h	ighest number f	ound	in the appro	opriate box	in colur	mn,1.	1	

FORM PTO-875 (Rev. 10/04)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE